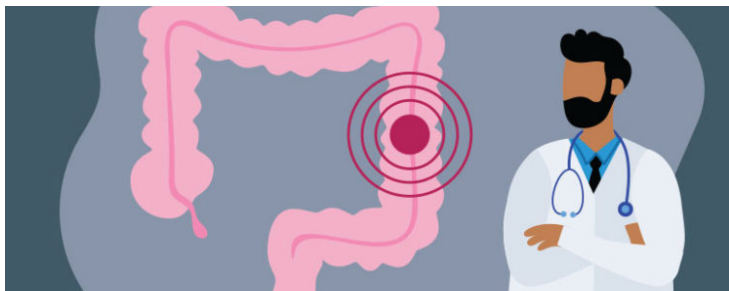


# COLORECTAL CANCER

## PUBLIC HEALTH BRIEF

Zachary Macas, Health Policy Analyst



### WHAT IS COLORECTAL CANCER? <sup>1,2,5</sup>

Colorectal cancer is a type of cancer that originates in either the colon or the rectum, both of which are part of the large intestine. The colon, which is a muscular tube in the gastrointestinal tract, absorbs water, electrolytes, and nutrients from partially digested food, while the rectum stores solid waste material (stool) before it is expelled through the anus. Due to their similar features, colon and rectal cancers are often grouped together. Unfortunately, colorectal cancer is one of the deadliest types of cancer, ranking third in cancer-related deaths among both men and women, and second overall. In Harford County, Maryland, colorectal cancer is the second leading cause of cancer-related deaths, following lung cancer.

Colorectal cancer typically begins as growths called polyps in the inner lining of the colon or rectum. They are found in about 30% of the adult population over the age of 45-50. These polyps come in different types, including adenomatous, hyperplastic, and sessile serrated polyps. **Adenomatous** polyps are considered pre-cancerous since they can develop into cancer over time.

**Hyperplastic** polyps are more common but generally not pre-cancerous. **Sessile serrated** polyps are treated similarly to adenomas and have a higher risk of developing into cancer. If cancer forms in a polyp, it can eventually grow into the wall of the colon or rectum and then spread to other parts of the body through blood or lymph vessels. The stage of cancer is determined by how deeply it has grown into the colon or rectal wall.

While colorectal cancer is the most common type of cancer in the colon and rectum, there are other types that are much less common, such as carcinoid tumors, GI stromal tumors, lymphomas, and sarcomas.

It's essential to recognize the symptoms of colorectal cancer:

- Changes in bowel habits such as diarrhea, constipation, narrowing of the stool
- Rectal bleeding or blood in the stool
- Unintended weight loss, weakness, and fatigue

### LOCAL RESOURCES <sup>6</sup>

The Harford County Health Department's Cancer Prevention Program offers no-cost colorectal cancer screenings (colonoscopies) to eligible Maryland residents ages 45-75. Located at 2015 Pulaski Highway Suite D, Havre de Grace, MD 21078. Call 410-942-7930 for more information and to see if you qualify.

#### Sources:

1. American Cancer Society. Colorectal Cancer. <https://www.cancer.org/cancer/colon-rectal-cancer.html>
2. CDC. Colorectal Cancer Prevention. [https://www.cdc.gov/cancer/colorectal/basic\\_info/prevention.htm](https://www.cdc.gov/cancer/colorectal/basic_info/prevention.htm)
3. CRISP Reporting Services
4. Maryland Vital Statistics Annual Report 2020
5. National Institute of Health. Relationship between Diabetes and Colorectal Cancer. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5392343/>
6. HCHD. Cancer Prevention. <https://harfordcountyhealth.com/harford-county-health-department-services/services-for-adults/cancer-prevention/>

### DATA <sup>3,4</sup>

Colorectal Cancer ED Visits, 2022:

Harford County - 656 Visits (52% Male / 48% Female)

Maryland - 12,825 Visits (49% Male / 51% Female)

Colorectal Cancer Deaths, 2020:

Harford County - 45 Deaths

Maryland - 959 Deaths

### SPOTLIGHT: COLORECTAL CANCER AND DIABETES <sup>1,3</sup>

While more research is needed, evidence suggests people with type 2 diabetes (usually non-insulin dependent) seem to have a 27% increased risk for colorectal cancer than others. Both share similar risk factors such as being overweight, physically inactive, and over the age of 45. Even after taking these risk factors into account, people with type 2 diabetes have an increased risk. Prognosis after diagnosis is typically less favorable. It is also hypothesized that insulin resistance is a factor that increases the risk for colorectal cancers.

### RISK FACTORS <sup>1</sup>

While there are certain risk factors for colorectal polyps and cancer that you can control, there are others that are beyond your control. Factors you can modify include maintaining a healthy weight, being physically active, limiting consumption of red and processed meats, increasing your vitamin D levels, and avoiding smoking and excessive alcohol use. On the other hand, factors you cannot control include your age, personal or family history of colorectal cancer or polyps, history of inflammatory bowel disease, and certain inherited syndromes. Additionally, certain ethnic groups are at a higher risk than others; American Indians and Alaska Natives have the highest incidence rates of colorectal cancer in the United States, followed by African American men and women.

### PREVENTION <sup>2</sup>

Screening is the process of searching for cancer or pre-cancer in people who have no symptoms. Regular screenings starting at age 45 are very important in preventing colorectal cancer, as a polyp can take as many as 10-15 years to develop into cancer. With screening, doctors can find and remove polyps before they have a chance to develop.

**Stool-based tests:** this test checks the stool for signs of cancer. This is less invasive but should be done more frequently.

**Visual exams:** these tests look at the structure of the colon or rectum with a scope and camera, or imaging tests. A colonoscopy is the most common visual screening test.

Primary prevention methods include increasing physical activity, keeping a healthy weight, limiting alcohol consumption, and avoiding tobacco.

### TREATMENT OPTIONS <sup>1</sup>

Cancer treatment is largely based on the stage of cancer. Local treatments treat the cancer that has not spread to the rest of the body. This includes surgery, ablation, and radiation therapy. Systemic treatments can reach cancer cells throughout the entire body for cancers that have spread. Options include chemotherapy, immunotherapy, and targeted therapy drugs.